

FOR OFFICE USE ONLY

Request Date: _____
Date 405 Sent: _____
Date 405 Received: _____

APPLICATION FOR WAGE WITHHOLDING ONLY SERVICES

The Division of Child Support (DCS) will provide wage withholding only services for custodial or noncustodial parents who are not receiving child support enforcement services. The child support order **must** contain immediate income withholding language. If the noncustodial parent owes child support arrearages, the custodial parent must apply for enforcement services. With this service, the DCS shall serve an Order for Withholding of Income on the noncustodial parent's employer. No other services will be provided. **A \$25.00 application fee for this service is required. A copy of your most recent child support order must be attached to the application.** If the noncustodial parent terminates employment, a new application and \$25 fee will be required in order for DCS to send a wage withholding order to the subsequent employer.

Please print or type your answers. Read all instructions carefully and answer each question as completely as possible. Failure to answer each question may delay processing of the application. Sign and mail completed application with appropriate attachments to Division of Child Support (DCS), 700 Governors Driver, Pierre, SD 57501.

If you are unable to understand or complete this form, or need assistance in completing this form, please contact any DCS office for help. ***Incomplete applications will be returned.***

Confidentiality/Interpreter Needs

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? ☐ Yes ☐ No

If yes, specify what type of service you require (language type, sign, etc.) _____

(Interpreter services are provided free of charge.)

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice or TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Social Security Numbers

Social Security Numbers are used by the Division of Child Support program to locate individuals for purposes of establishing paternity, modifying, and enforcing support obligations. See 42 U.S.C. § 666(a)(13). If you do not have a Social Security number or the noncustodial parent's Social Security Number is unknown, the DCS will not deny your application.

Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

CUSTODIAL PARENT INFORMATION

First Name Initial Last Name	Home Telephone Number (include area code)
Residential Address (Street, City, State, Zip Code)	
Mailing Address (if different than above) (Street, City, State, Zip Code)	
Employer Name and Address	Employer Telephone Number (include area code) May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, best time to contact you:
Date of Birth ____ / ____ / ____ _____ Social Security Number (if available) ____ / ____ / ____ _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other

NONCUSTODIAL PARENT INFORMATION

First Name Initial Last Name	Home Telephone Number (include area code)
Residential Address (Street, City, State, Zip Code)	
Mailing Address (if different than above) (Street, City, State, Zip Code)	
Employer Name and Address	Employer Telephone Number (include area code)
Date of Birth ____ / ____ / ____ _____ Social Security Number (if available) ____ / ____ / ____ _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other

INFORMATION ABOUT YOUR CHILD(REN)

List the full name and complete the following information for each child who lives with you and for whom you are seeking support from the noncustodial parent.

<p>_____ First Name</p> <p>_____ Middle Initial</p> <p>_____ Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p>	<p>Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>
<p>_____ First Name</p> <p>_____ Middle Initial</p> <p>_____ Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p>	<p>Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>
<p>_____ First Name</p> <p>_____ Middle Initial</p> <p>_____ Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p>	<p>Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>

I authorize the DCS to provide wage withholding only services on my behalf. I understand that the DCS will not provide any other services and that I must inform the DCS of any changes in the noncustodial parent's employer. I have submitted a copy of the most recent child support order and paid the \$25.00 fee.

Your Signature – Date

I declare and affirm under the penalties of perjury that the information contained herein has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than \$10,000.

Your Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission expires: _____

(SEAL)